

DASA INCIDENT FORM

To be used when incidents involve harassment, bullying or discrimination

****Oral report of incident MUST be made to the Principal/DASA Coordinator of school where incident occurred not later than one school day after receiving report of incident or witnessing incident.****

****This form MUST be filed with Principal/DASA Coordinator of school where incident occurred not later than two school days after making oral report.****

Date:	Reporting Person:
Date of Incident:	Contact number:
Location of Incident:	Time of Incident:

<u>Name of Complainant(s):</u>	<u>Name of Perpetrator (s):</u>	<u>Name of Witness(es):</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Behavior Experienced/Observed (circle all that apply):

Called Mean Names	Excluded	Physical Contact	Told Lies or False Rumors
Threatened	Racial Comments	Sexual Comments	Took/Damaged Possessions
Other (explain)_____			

What is the basis of the alleged violation? (Check only those categories that apply to the incident).

_____ Weight	_____ Religious Practice	_____ Other (list)
_____ Color	_____ Ethnic Group	_____
_____ Gender	_____ Disability	_____
_____ Race	_____ Religion	_____
_____ Sexual Orientation	_____ National Origin	
_____ Sex		

Describe the Incident (attach additional documents if needed):

Target's response to the Incident:

Form Completed by: _____ **Date:** _____

Physical Evidence? Yes or No, List _____

Repeat Infraction? Yes or No, Step _____, describe _____

Parent Contact? Yes or No _____

Case Founded? Yes or No – Explain: _____

Intervention needed? Yes or No _____

Actions taken _____

Follow up needed? Yes or No _____